

APPLICATION FOR ARMY FLYING ACTIVITY AIRCRAFT INSURANCE

For use of this form, see AR 215-1; the proponent agency is OACSIM

1. TO: ARMY CENTRAL INSURANCE FUND U.S. ARMY COMMUNITY AND FAMILY SUPPORT CENTER ATTN: CFSC-FM-I 4700 KING STREET (<i>Summit Centre</i>) ALEXANDRIA, VA 22302-4406		2. FROM: (<i>Activity, installation, and address</i>)	
3. STANDARD NAF NUMBER	4. DATE OF REQUEST	5. REQUESTED EFFECTIVE DATE	
PART A - AIRCRAFT DATA			
6. MANUFACTURER & MODEL NO.		7. SERIAL NO.	
8. IDENTIFICATION NO.	9. MODEL YEAR	10. NO. OF ENGINES	11. NO. OF SEATS
PART B - VALUE			
12. ORIGINAL COST	13. PRESENT VALUE	14. ESTIMATED REPLACEMENT COST	15. OWNERSHIP <input type="checkbox"/> OWNED <input type="checkbox"/> LOANED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED
16. PURPOSE <input type="checkbox"/> LOCAL FLYING <input type="checkbox"/> AEROBATICS <input type="checkbox"/> CROSS COUNTRY <input type="checkbox"/> INSTRUCTION <input type="checkbox"/> OTHER (<i>Specify</i>)			
PART C - ADMINISTRATIVE DATA			
17. IF LEASED OR RENTED - IDENTIFY LESSOR OR RENTER		18. LIEN OR LOAN HOLDER	
19. NORMAL AIRCRAFT LOCATION			
20. REMARKS			
21. FUND MANAGER OR DESIGNEE (<i>Typed name, title, and telephone number</i>)		22. SIGNATURE	